

NOTICE OF INDEPENDENT REVIEW DECISION

December 9, 2002

RE: MDR Tracking #: M2-03-0222-01-SS
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 26 year old male sustained a work-related injury on ___ when he was involved in a motor vehicle accident and was struck from behind. The patient complained of pain and stiffness in the cervical spine. An MRI revealed herniations at C4-5 and C5-6. The patient has undergone chiropractic care including adjustments and physical therapy. An ESI in early 2002 resulted in mild relief of his symptoms.

Requested Service(s)

Anterior cervical discectomy with interbody fusion.

Decision

It is determined that the anterior cervical discectomy with interbody fusion is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the degree of neck symptoms described by this patient is not sufficient enough to indicate the necessity for the proposed procedure. Documentation dated 09/17/02 states "___ said his neck can wait (inasmuch) as most of his pain is from his low back" and "He said it (the neck) does not bother him all the time".

On 10/08/02, the evaluating spine surgeon noted in regard to lower back surgery "the patient is not psychologically cleared to undergo surgery as I believe the outcome would be extremely poor". This rationale would also be applicable for surgery performed on the cervical spine. Therefore, the anterior cervical discectomy with interbody fusion is not medically necessary at this time.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,